

**DECLARATION FOR UTILITY OR  
DESIGN PATENT APPLICATION  
(37 CFR 1.63)**

Declaration  
Submitted with  
Initial Filing

OR

Declaration  
Submitted after  
Initial Filing (surcharge  
(37 CFR 1.16(e))  
required

Attorney Docket Number	
First Named Inventor	
<b>COMPLETE IF KNOWN</b>	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**ROOT AND WATER MANAGEMENT SYSTEM FOR POTTED PLANTS**

*(Title of the Invention)*

the specification of which

is attached hereto  
OR  
 was filed on (MM/DD/YYYY) 12/17/2004 as United States Application Number or PCT International Application Number PCT/AU2004/01774 and was amended on (MM/DD/YYYY) 10/14/2005, 1/18/2006 (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 37, United States Code § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any *foreign application* for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
2003906964	Australia	12/17/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2004902653	Australia	5/19/2004	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2004904734	Australia	8/20/2004	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)

## DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(c) of any PCT International Application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Customer Number \_\_\_\_\_  
OR

Registered Practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

Direct all correspondence to:

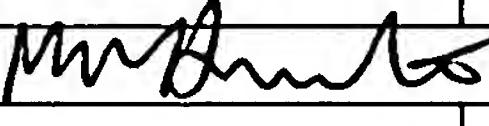
Customer Number \_\_\_\_\_ OR  Correspondence address below

Name	Fisher Adams Kelly				
Address	Level 29, Comalco Place, 12 Creek Street				
Address					
City	Brisbane	State	Queensland	ZIP	4000
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname			
MALCOLM NIGEL		HUNTER			
Inventor's Signature				Date	09/06/06
Residence: City	Brisbane	Country	Australia	Citizenship	Australian
Post Office Address	20 Stralock Street, Chapel Hill, Queensland				
Post Office Address					
City	Brisbane	Zip	4069	Country	Australia

# DECLARATION

ADDITIONAL INVENTOR(S)

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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature				Date
Residence: City		Country		Citizenship
Post Office Address				
Post Office Address				
City	Zip		Country	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature				Date
Residence: City		Country		Citizenship
Post Office Address				
Post Office Address				
City	Zip		Country	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature				Date
Residence: City		Country		Citizenship
Post Office Address				
Post Office Address				
City	Zip		Country	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature				Date
Residence: City		Country		Citizenship
Post Office Address				
Post Office Address				
City	Zip		Country	